

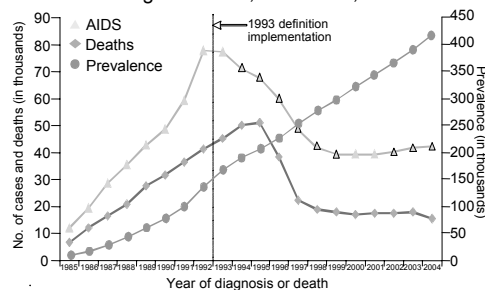
Normalizing HIV Testing in Health Care Settings

The Public's Health and the Law in the 21st Century
Partnership Conference
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Estimated Number of AIDS Cases, Deaths, and Persons Living with AIDS, 1985-2004, United States

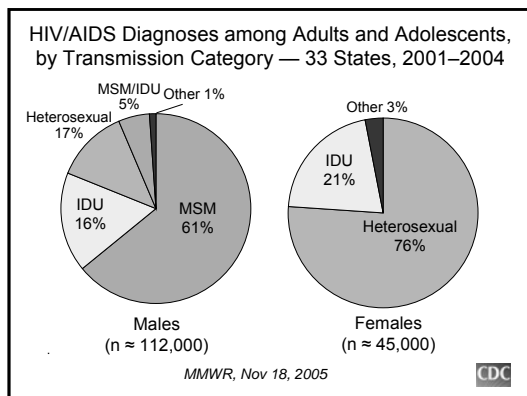


Awareness of HIV Status among Persons with HIV, United States

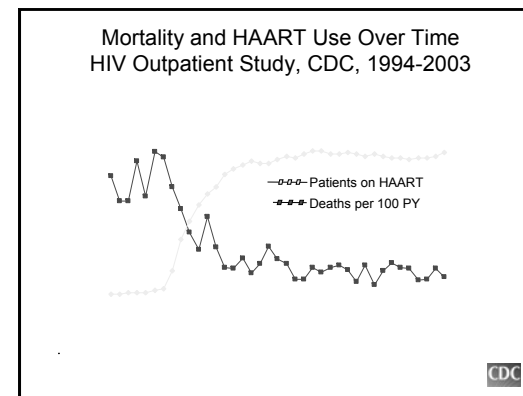
Number HIV infected	1,039,000 – 1,185,000
Number unaware of their HIV infection	252,000 - 312,000 (24%-27%)
Estimated new infections annually	40,000

Glynn M, Rhodes P. 2005 HIV Prevention Conference





The Case for Increased HIV Testing



Knowledge of HIV Infection and Behavior

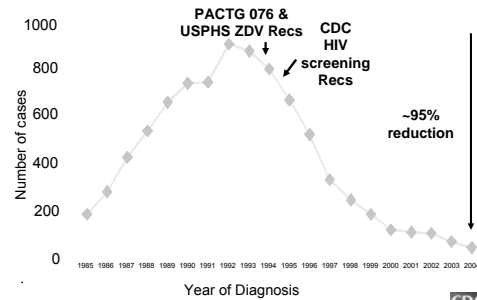
After people become aware they are HIV-positive, the prevalence of high-risk sexual behavior is reduced substantially.

Reduction in Unprotected Anal or Vaginal Intercourse with HIV-neg partners: **68%**
HIV-pos Aware vs. HIV-pos Unaware

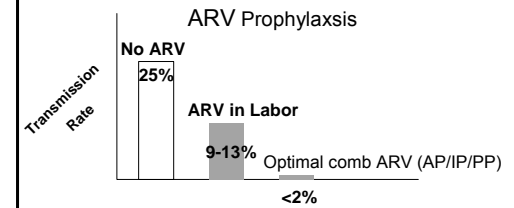
Meta-analysis of high-risk sexual behavior in persons aware and unaware they are infected with HIV in the U.S.
Marks G, et al. JAIDS. 2005;39:446



Estimated Number of Perinatally Acquired AIDS Cases, by Year of Diagnosis, 1985-2004 – United States



Effective Interventions to reduce Perinatal HIV Transmission: Early diagnosis is important

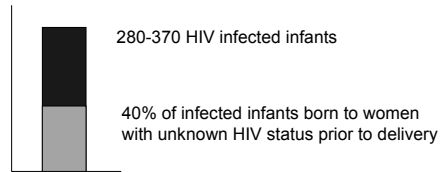


Wade, et al. 1998 NEJM 339:1409-14
Guay, et al. 1999 Lancet 354:795-802
Fiscus, et al. 2002 Ped Inf Dis J 21:664-668
Moodley, et al. 2003 JID 167:725-735



Timing of Maternal Diagnosis

- 6,000-7,000 HIV infected women gave birth in 2000



CDC Data, Reported by the Office of Inspector General, July 2003



Rationale for Revising Recommendations

- Many HIV-infected persons access health care but are not tested for HIV until symptomatic
- Effective treatment available
- Awareness of HIV infection leads to substantial reductions in high-risk sexual behavior
- The need for pre-test counseling is decreased due to high levels of knowledge about HIV
- Great deal of experience with HIV testing, including rapid tests
- Inconclusive evidence about prevention benefits from typical counseling for persons who test negative




Opt-Out Consent


Prenatal HIV testing for pregnant women:


- Trial of 4 counseling models with opt-in consent:
 - 35% *accepted testing*
 - *Some women felt accepting an HIV test indicated high risk behavior*
- Testing offered as routine, opportunity to decline
 - 88% *accepted testing*
 - *Significantly less anxious about testing*

Simpson W, et al, *BMJ* June, 1999



Prenatal HIV Testing by Canadian Province and Policy, 1999-2001			
<u>Province</u>	<u>Policy</u>	<u>N</u>	<u>%Tested</u>
Alberta	Opt-out	37,963	98
New&Lab	Opt-out	4,770	94
Quebec	Opt-in	73,781	83
B Columbia	Opt-in	41,739	80
Ontario	Opt-in	129,758	54
S. King 			

Considerations for Revisions Adults and Adolescents
<ul style="list-style-type: none"> ■ Routine, voluntary HIV screening for all persons 13-64 in health care settings, not based on risk or prevalence ■ Repeat HIV screening of persons with known risk at least annually ■ Opt-out HIV testing with the opportunity to ask questions and the option to decline; include HIV consent with general consent for care <ul style="list-style-type: none"> · Communication of test results ■ Prevention counseling in conjunctions with HIV screening in health care settings is not required


Considerations for Revisions Pregnant Women
<ul style="list-style-type: none"> ■ Universal opt-out HIV screening <ul style="list-style-type: none"> · Include HIV in panel of prenatal screening tests · Consent for prenatal care includes HIV testing · Notification and option to decline ■ Second test in 3rd trimester for pregnant women: <ul style="list-style-type: none"> · Known to be at risk for HIV · In key jurisdictions · In high HIV prevalence health care facilities ■ Opt-out rapid testing for women with undocumented HIV status in L&D <ul style="list-style-type: none"> · Initiate ARV prophylaxis on basis of rapid test result ■ Recommend newborn testing if mother's status unknown


State and Local Regulations

Some state regulations require pretest counseling and specific written informed consent for HIV testing.

Need to address for opt-out screening:

- Written informed consent
- Counseling



Policy Resources

ACOG Legislative Toolkit
rcarlson@acog.org



HRET/AHA's Review of State Laws
<http://www.hret.org/hret/about/map.html>



Summary

- There is an urgent need to increase the proportion of persons who are aware of their HIV-infection status.
- Expanded, routine, voluntary, opt-out screening in health care settings is needed.
- Review and revision to state and local regulations are needed.
- In 2006, CDC will issue revised recommendations for HIV testing of adults, adolescents and pregnant women in health care settings.

